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Lab in Egypt Actively Involved in Capacity Building in Africa

CAIRO - – The U.S. Naval Medical Research Unit No. 3 (NAMRU-3) is answering the call of the National Strategy for Countering Biological Threats (2009) for Department of Defense agencies to establish national disease surveillance and detection capacity in resource poor countries. In August, NAMRU-3 staff member visited Lome, Togo, to begin collaborations with the Ministry of Health (MoH) in viral disease surveillance, diagnostics and personnel training and move toward establishing a National Influenza Center in the country. Lome, with a population of over eight hundred thousand, is the capital and largest city of Togo. Located on the Gulf of Guinea, Lome is the country's administrative and industrial center and chief port.

NAMRU-3 staff members visited Lome to assess influenza-like illness (ILI) and severe acute respiratory infection (SAIR) surveillance at the laboratory there. During the visit, Lt. Gabriel Defang, deputy head of the Viral and Zoonotic Disease Research Program, and Mr. Ehab Amir, medical research technologist, assessed the level of training and competency of the surveillance staff in Lome, reviewed the volunteer enrollment and consent procedures, protocol management, and storage of samples collected at sentinel sites to be sent to the reference laboratory; and they also evaluated the testing and quality assurance procedures at the Lome laboratory.

Capt. Oyoyo, NAMRU-3 commanding officer, explained, "This is one of our efforts to continue capacity building initiatives with countries in Africa, particularly in the area of mil-to-mil relationships. Our continuing efforts will enhance medical diplomacy and soft power in the AOR (area of responsibility)."

While in Lome, Amir conducted training on new ribonucleic acid extractor equipment and presented refresher training on the operation and maintenance of polymerase chain reaction equipment and on the proper storage of surveillance samples. Training for five key laboratory personnel was conducted at the



Institut National D'Hygiene (INH) Reference Laboratory, with further training for 24 personnel at L'hôpital de Be, the Centre L'Hospitalier des Armees des Lome and at INH sentinel sites.

Defang also attended meetings with the Togo military to discuss how to improve the processes of surveillance at military sentinel sites.

“NAMRU-3 can assist with training, diagnostics and additional equipment. One major problem is the high turnover of military physicians trained to conduct ILI and SAIR surveillance,” said Defang. He recommended that NAMRU-3 conduct training not only for military physicians but also for physician assistants, nurse practitioners and laboratory technicians to maintain the surveillance activities. He went on to add, “It is also important to convey how important and beneficial surveillance is to the country to motivate all those involved in surveillance.” Through GEIS (Global Emerging Infection Surveillance and Response System) funding, NAMRU- 3 has increased influenza surveillance capacity in Togo, increasing from no surveillance in 2009 to 252 samples in 2012, with the goal of 1000 samples by 2013.